

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107031509 FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		FEE
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.	0	0	0	0	0	0	
TOTAL DEP.	0	0	0	0	0	0	
TOTAL CLAIMS	0	0	0	0	0	0	
TOTAL IND.	2	0	2	0	2	0	
TOTAL DEP.	7	0	30	0	31	0	
TOTAL CLAIMS	9	0	31	0	32	0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS